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Exploring Recruitment Factors in a Feasibility Trial of SABR Versus Surgery

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Background

The SABRTooth trial aims to assess the feasibility of recruiting patients with stage I non-small cell lung cancer (NSCLC) to a study comparing surgery to stereotactic ablative radiotherapy (SABR). Both trial treatments were available outside of the trial.

An embedded qualitative study aimed to explore reasons for non-participation or refusal to take up the randomised treatment arm in the SABRTooth trial to help identify factors that affect recruitment.

Methods

Using in-depth qualitative interviews we aimed to interview sixteen patients not taking part in the trial across five sites using a pre-defined topic guide. The data were thematically analysed using a compare and contrast approach, identifying similarities and differences.

Results

Fifteen patients have been approached so far for interview, ten opted out, five were interviewed. Although, from a limited sample there were three key themes affecting patients decision making that are similar to those reported in the literature. These were 1) treatment preferences 2) influence of personal contacts 3) influence of professionals.

We interviewed patients about their experience of being offered the trial and reasons for their treatment preference. Patients described existing treatment preferences that were amenable to change in some cases. Their choice of treatment was subject to change throughout the process of being offered the trial and treatment options and was shaped by previous experience and knowledge. Treatment decisions were influenced by people in their close personal networks. Those that chose SABR had previous knowledge or experience of this treatment. Professionals could influence decisions by using specific phrases such as "surgery is your golden ticket" or comparing the effectiveness of treatments using percentages e.g. "surgery is 100% and SABR is 99.9%". Patients said they were happy with the way the trial was presented to them. However, they asked for time to come to terms with their diagnosis and then to be offered the trial alongside treatment options as early as possible to allow informed decision making.

Conclusion

Information from interviews to date suggests that patients with NSCLC may prefer to be informed about clinical trial options at an early stage in their care pathway. This not only enables them to take account of all the information but also encourages equipoise when considering different treatment options. Treatment preferences should be explored to assess the basis for making a decision about taking part in the trial or choosing a particular treatment and to identify potential factors that could influence these

decisions.